

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	24/10/2019 16:56
Date Of Accident	23/10/2019 20:00
Exact Location Of Accident	BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5428S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG KAR SOON
NRIC No	S8187032B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83284936
Alternative Phone No	OTHERS-83284936

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1930441900
Cover Note Number	

### Driver

Name of Driver	LEONG KAR SOON
NRIC No	S8187032B
Date Of Birth	04/10/1981
Occupation	INDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83284936
Fax Number	
Contact Number	OTHERS-83284936
Email Address	NOEMAIL

Address	BLK 688A CHOA CHU KANG DRIVE #10-346
Postcode	681688
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191023/2200

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW9067Y
Vehicle Make/Model/Colour	BMW

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	DZULKANEAN BIN ALI
NRIC/Passport Number	S9343448Z
Contact Number	81273851
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK3027M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

BRICKLAND ROAD TOWARDS SUNGAI TANGAH ROAD



A: SMD 5428 S (stationary)

B: SKW 9067 Y

C: SGK 3027 M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report. 1/20191023/2200

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

GAMKJEL, 10/10/2019



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191023/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No: T/20191023/2200

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2019 22:39	Vide Report No.:	Station Diary No.: 195
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### Informant's Particulars

Name of Informant: LEONG KAR SOON	Address: APT BLK 688A CHOA CHU KANG DRIVE #10-346 SINGAPORE 681688		
ID Type / ID No.: NRIC NO / S8187032B	Contact No.:	Mobile: 83284936	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 38	Date of Birth: 04/10/1981	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 BRICKLAND ROAD				
Towards Sungei Tengah Road				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Chained Collision			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK3027M	Car				Seriously Damaged	0
SKW9067Y	Car				Slightly Damaged	0
SMD5428S	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Slightly Damaged	3

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191023/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20191023/2200

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMD5428S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN1930441900	24/08/2019	23/08/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DZULKANEAN BIN ALI		ID No.	S9343448Z
Related Vehicle	SKW9067Y (Car)		Contact No.	81273851
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL	
Driver				
Name	LEONG KAR SOON		ID No.	S8187032B
Related Vehicle	SMD5428S (Car)		Contact No.	83284936
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL	

### Brief Details.

On 23/10/2019 about 2000hrs, I was driving along Brickland Road towards Sungei Tengah Road. As there was a traffic jam, my vehicle (SMD5428S) was in stationary. Out of a sudden, my vehicle was hit on the rear by another vehicle (SKW9067Y) at the back. I then alighted from my vehicle and realised that it is a chained collision, involving 3 vehicles with SGK3027M being the third vehicle. All the drivers then decided to go for insurance claim and no vehicles were towed away. No one was injured and particulars of all drivers were exchanged as well. Subsequently, all of us drove off.

There is CCTV installed in my vehicle, both front and back.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191023/2200

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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20191023/2200

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2



Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

23/10/2019 22:39

Classification Of Case:

Authentication Stamp

NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

